

| POSITION                  | INITIALS    | ID NO.       | DATE           |
|---------------------------|-------------|--------------|----------------|
| FEE DETERMINATION         | <i>Chap</i> |              | <i>5/14/00</i> |
| O.I.P.E. CLASSIFIER       |             |              |                |
| FORMALITY REVIEW          | <i>W</i>    | <i>67429</i> | <i>7-12-00</i> |
| RESPONSE FORMALITY REVIEW |             |              |                |

# INDEX OF CLAIMS

|                     |            |   |              |
|---------------------|------------|---|--------------|
| ✓                   | Rejected   | N | Non-elected  |
| —                   | Allowed    | I | Interference |
| — (Through numeral) | Canceled   | A | Appeal       |
| +                   | Restricted | O | Objected     |

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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